

Title 19 - DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 - Division of Health Standards & Licensure
Chapter 40 - Trauma Center Regulations

PROPOSED AMENDMENT

19 CSR 30-40.440 (Level IV) Trauma Center Designation Requirements

PURPOSE: This rule establishes the requirements for participation in Missouri's trauma center program.

(1) Participation in Missouri's trauma center program is voluntary and no hospital shall be required to participate. No hospital shall in any way indicate to the public that it is a trauma center unless that hospital has been designated as such by the *Bureau* of Emergency Medical Services (EMS). Hospitals desiring trauma center designation shall apply to the *Bureau* of EMS. Only those hospitals found by review to be in compliance with the requirements of the rules in this chapter shall be designated by the *Bureau* of EMS as trauma centers.

(2) The application required for trauma center designation shall be made upon forms prepared or prescribed by the *Bureau* of EMS and shall contain information the *Bureau* of EMS deems necessary to make a fair determination of eligibility for review and designation in accordance with the rules of this chapter.

(A) An application shall include the following information: designation level requested; name, address and telephone number of hospital; name of chief executive officer, chairman/president of board of trustees, surgeon in charge of trauma care, trauma nurse coordinator/**program manager**, director of emergency medicine, and director of trauma intensive care; number of emergency department trauma caseload, trauma team activations, computerized tomography scan capability, magnetic resonance imaging capability, operating rooms, intensive care unit/critical care unit beds, burn beds, rehabilitation beds, trauma surgeons, neurosurgeons, orthopedists, emergency department physicians, anesthesiologists, certified registered nurse anesthetists, pediatricians, and pediatric surgeons; date of application; and signatures of the chairman/president of board of trustees, hospital chief executive officer, *physician* in charge of trauma, and director of emergency medicine.

(B) The *Bureau* of EMS shall notify the hospital of any apparent omissions or errors in the completion of the application and shall contact the hospital to arrange a date for the review.

(C) Failure of a hospital to cooperate in arranging for a mutually suitable date for review shall constitute forfeiture of application when a hospital's initial review is pending or suspension of designation when a hospital's verification or validation review is pending.

(D) Hospitals designated as trauma centers under the previous designation system shall maintain their designation until a review is conducted using the rules of this chapter.

(3) The review of hospitals for trauma center designation shall include interviews with designated hospital staff, a review of the physical plant and equipment, and a review of

records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter. The cost of any and all site reviews shall be paid by each applicant hospital or renewing trauma center unless adequate funding is available to the **Bureau** of EMS to pay for reviews.

(A) For the purpose of reviewing trauma centers and hospitals applying for trauma center designation, the **Bureau** of EMS shall use review teams consisting of two (2) surgeons, one (1) emergency physician **who are experts in trauma care**, and one **trauma nurse coordinator/trauma program manager** experienced in trauma center. **The team shall be disinterested politically and financially in the hospitals to be reviewed.** Out-of-state review teams shall conduct levels I and II reviews. In-state reviewers may conduct level III **and level IV** reviews. **When utilizing in-state review teams, the **Level III and IV** trauma center shall have the right to refuse one review team.**

(B) Any substantial deficiencies cited in the initial review or the validation review regarding patient care issues, especially those related to delivery of timely surgical intervention, shall require a focused review to be conducted. When deficiencies involve documentation or policy or equipment, the hospital's plan of correction shall be submitted to the **Bureau** of EMS and verified by **Bureau** of EMS personnel.

(C) The verification review shall be conducted in the same manner and detail as initial and validation reviews. A review of the physical plant will not be necessary unless a deficiency was cited in the physical plant in the preceding initial or validation review. If deficiencies related only to a limited number of areas of hospital operations, a focused review shall be conducted. The review team for a focused review shall be comprised of review team members with the required expertise to evaluate corrections in the specified deficiency area.

(D) Validation reviews shall occur every five (5) years.

(E) Upon completion of a review, the reviewers shall submit a report of their findings to the **Bureau** of EMS **within thirty (30) days of completion of the review.** The report shall state whether the specific standards for trauma center designation have or have not been met; if not met, in what way they were not met. The report shall include the patient chart audits and a narrative summary to include pre-hospital, hospital, trauma service, emergency department, clinical lab, **performance improvement and patient safety programs**, education, outreach, research, chart review, and interviews. The **Bureau** of EMS has final authority to determine compliance with the rules of this chapter.

(F) Within thirty (30) days after receiving a review report, the **Bureau** of EMS shall return a copy of the report in whole to the chief executive officer of the hospital reviewed. Included with the report shall be notification indicating that the hospital has met the criteria for trauma center designation or has failed to meet the criteria for the designation level for which it applied and options the hospital may pursue.

(G) If a verification review is required, the hospital shall be allowed a period of **six (6)** months to correct deficiencies. A plan of correction form shall be provided to the **Bureau** of EMS by the hospital and returned to the **Bureau** of EMS within **thirty (30)** days after notification of review findings.

(H) Once a review is completed, a final report shall be prepared by the **Bureau** of EMS. The final report shall be public record and shall disclose the standards by which the reviews were conducted and whether the standards were met. The reports filed by the

reviewers shall be held confidential and shall be disclosed only to the hospital's chief executive officer or an authorized representative.

(4) The *Bureau* of EMS shall have the authority to put on probation, suspend, revoke or deny trauma center designation if there is reasonable cause to believe that there has been a substantial failure to comply with the requirements of the rules in this chapter. Once designated as a trauma center, a hospital may voluntarily surrender the designation at any time without giving cause, by contacting the *Bureau* of EMS. In these cases, the application and review process shall be completed again before the designation may be reinstated.

(A) Trauma center designation shall be valid for a period of five (5) years from the date the trauma center is designated. Expiration of the designation shall occur unless the trauma center applies for validation review within this five-year period. **Trauma center designation shall not be transferable.**

(B) The *Bureau* of EMS shall investigate complaints against trauma centers. Failure of the hospital to cooperate in providing documentation and interviews with appropriate staff may result in revocation of trauma center designation. Any hospital, which takes adverse action toward an employee for cooperating with the *Bureau* of EMS regarding a complaint, is subject to revocation of trauma center designation.

AUTHORITY: sections 190.185 and 190.241, RSMo [Supp. 1998] 2000. Emergency rule filed*

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**Original authority: 190.185, RSMo, 1973, amended 1989, 1993, 1995, 1998 and 190.241, RSMo 1987, amended 1998.*